

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	X						51				
2		1					52				
3		2					53				
4		(1)					54				
5		(1)					55				
6		(1)					56				
7		(1)					57				
8		(1)					58				
9		(1)					59				
10		(1)					60				
11		(1)					61				
12		(1)					62				
13		(1)					63				
14		(1)					64				
15		(1)					65				
16			1				66				
17				1			67				
18				1			68				
19				1			69				
20				1			70				
21				1			71				
22				1			72				
23			1				73				
24				1			74				
25				1			75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	↓		2	↓		↓	TOTAL IND.	↓		↓	↓
TOTAL DEP.	↓		17	↓		↓	TOTAL DEP.	↓		↓	↓
TOTAL CLAIMS			19				TOTAL CLAIMS				